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Bib Data Sheet

CONFIRMATION NO. 3539

SERIAL NUMBER 09/658,134	FILING DATE 09/08/2000 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. HI-014
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**APPLICANTS**

Tae In Yoon, Kyoungki-Do, KOREA, REPUBLIC OF;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

REPUBLIC OF KOREA 38733/1999 09/10/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/19/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY KOREA, REPUBLIC OF	SHEETS DRAWING 3	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

34610

**TITLE**

Voice mail service system for a private switching system

FILING FEE RECEIVED 1110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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4-803



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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Bib Data Sheet

SERIAL NUMBER 09/658,134	FILING DATE 09/08/2000 RULE -	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. HI-014
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## APPLICANTS

Tae In Yoon, Kyoungki-Do, KOREA, REPUBLIC OF;

None

## \*\* CONTINUING DATA \*\*\*\*\*

G.G.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

REPUBLIC OF KOREA 38733/1999 09/10/1999

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 10/19/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY KOREA, REPUBLIC OF	SHEETS DRAWING 3	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature <i>Chantal St. John</i> Initials <i>G.G.</i>				

## ADDRESS

Fleshner &amp; Kim LLP

P O Box 221200

Chantilly ,VA 20153-1200

## TITLE

Voice mail service system for a private switching system

FILING FEE RECEIVED 762	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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